

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002804**

1. Entity Name  
**BAILLIAGE DE TAMPA, INC.**



Principal Place of Business

**505 E JACKSON STREET  
SUITE 306  
TAMPA, FL 33602 US**

Mailing Address

**505 E JACKSON STREET  
SUITE 306  
TAMPA, FL 33602 US**



01312008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3261423**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, NANCY H  
505 E JACKSON STREET  
SUITE 306  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000817768  
02/15/08-80015-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADRIAN, RUTH C
STREET ADDRESS	14812 DARTMOOR LANE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	WHITTLESEY, JAMES M
STREET ADDRESS	711 S. DELAWARE AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	ALVAREZ, GEORGE G
STREET ADDRESS	502 S FREEMOUNT AVE., #509
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	HARRIS, ELIZABETH B
STREET ADDRESS	301 CASPIAN STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	PD
NAME	HARRIS, NANCY H
STREET ADDRESS	505 E JACKSON STREET, STE 306
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TD
NAME	MARTINEZ, DANIEL
STREET ADDRESS	2926 LAWN AVE
CITY-ST-ZIP	TAMPA, FL 33611

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/08**

Date

**813 223 5421**

Daytime Phone #